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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. NC 82,774

First Inventor or Application Identifier Michael L. Picciolo

Title Pseudo-Median Cascaded Canceller

Express Mail Label No.

(Only for new no	onprovisional applications under 37 C.F.R. § 1 53(b)) Expres	s Mail Label No.	.孝
	PPLICATION ELEMENTS ppter 600 concerning utility patent application contents.	Assistant Commissioner for Patents of ADDRESS TO: Box Patent Application Washington, DC 20231	
1.	peter 600 concerning utility patent application contents. Transmittal Form (e.g., PTO/SB/17) bmit an original and a duplicate for fee processing) ecification [Total Pages] getification [Total Pa	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. Assignment Papers (cover sheet & document(s)) 8. (when there is an assignee) Power of (when there is an assignee) 10. Statement (IDS)/PTO-1449 Copies of IDS Citations 11. Preliminary Amendment 12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	dion,
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Name	(Pnnt/Type) John J. Karasek	Registration No (Attorney/Agent) 36,182	}

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FEE TRANSMITTAL for FY 2001		Complete if Known			
		Application Number	not yet assigned		
		Filing Date			
101112	2001	First Named Inventor	Michael L. Picciolo		
Patent fees are subject to	annual revision	Examiner Name	not yet assigned		
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TOTAL AMOUNT OF PAYMENT	(\$) 942.00	Attorney Docket No.	82.774		

METHOD OF PAYMENT			FEE CALCULATION (continued)					
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108 710 208 355Res	-	12	121 270 221 135 Request for oral hearing					
114 150 214 75Prov	-	13	138 1,510 138 1,510Petition to institute a public use proceeding					
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2. EXTRA CLAIM FEE	ES Fee from		•	Itility issue fee (or r	eissue)			
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103 18 203 9 Claims in excess of 20			146 710 246 355 Filing a submission after final rejection (37 CFR § 1 129(a))					
102 80 202 40 Independent claims in excess of 3			149 710 249 355 For each additional invention to be					
104 270 204 135 Multiple dependent claim, if not paid		' <u> </u>	examined (37 CFR § 1 129(b))					
109 80 209 40 * Reissue independent claims over original patent			179 710 279 355 Request for Continued Examination (RCE)					
110 18 210 9 Reissue claims in excess of 20 and over original patent			169 900 169 900 Request for expedited examination of a design application					
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*or number previously pa	aid, it greater; For Reissues, see above	n e	Juceu by Dasic Filing	rieeralu S	TRIOLOG	(3) (\$)		
F* SUBMITTED BY			Complete (ife	applicable)				
Name (Pnnt/Type) Joh	ın J. Karasek		Registration No (AttomeylAgent)	36,182	Telephone	202-404-1552		
Signature		7			Date	4/2/0		

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